



Quick Reference Guide: Front Line Reporter Customized for LAC-DMH

This Quick Reference Guide will assist a Front Line Reporter with entering a new event in Safety Intelligence™

DISCLAIMER: All data displayed on screens is fictitious and does not reflect actual patient data or actual user names.

Any similarity is purely coincidental. Note: DOP=Directly-operated; Program CAP=Contract Agency Program

Accessing UHC Safety Intelligence™

The testing environment form can be accessed at <https://testsafetyintelligence.lacounty.gov/DMH/> or <https://testsafetyintelligence.lacounty.gov/DMH/index.php?action=login>. Click on “New Form” in the upper right hand corner. Note that front-line users who are not managers, designees or consultants do not log in to enter events.

The Live site, which should not be used until June 1 for DOPs is for entering actual events. Click the SI icon

 in “web applications”, the last link on the rt. side of the intranet homepage for DOPs; CAPs-Provider Page on DMH internet.

Features of the form:

Before you begin, note the information at the top of the form shown below which is self-explanatory. **The information in red font about protecting the confidentiality of the information is very important as it can impact the discoverability of the information in the entire system.** The 2 outlined hyperlinks below open attachments to reporting guides so that only applicable events are reported in SI. Although events can be rejected by clinical risk management, they cannot be removed from SI.

Entering an Incident in UHC Safety Intelligence™

NOTE: Please be aware that the form will time out after 30 minutes of inactivity and you will lose any data previously entered. By clicking in a text box or selecting a drop down, you will reset the timer.

1. Event Location: This is the identifying section for you as the reporting provider. Start with the Service Area or Countywide program from the dropdown list. The associated provider numbers will be listed in the Reporting Location sections. Alternatively you can start typing the provider number in this section and it will pop up.

Select Service Area or CW-Countywide Program, then the Provider # from the drop down list.

2. The Start Section:

Start

Who was affected by the event? **Client**

Date of initial intake

★ Is the client currently prescribed psychotropic medications? **Yes**

Enter name of prescribing MD or furnishing NP

Enter the name(s), dosage(s) and frequency of the medication(s)

The current med list can be copied from OrderConnect or IBHIS and pasted here.

DSM Diagnoses

Enter code and a brief description

CLICK **HERE** to see a list of DSM Diagnosis Codes

If this answer is "no," the following 2 questions will not dropdown.

Note hyperlink to DSM codes that are the same as in IBHIS.

3. People Affected by the event:

People affected by the event

★ Type **Client**

★ IS Number **Search**

Type UNKNOWN if IS Number is not known

★ Client Last Name

★ Client First Name

Client Middle Initials

Client Date of Birth (MM/dd/yyyy)

Client Age

★ Client Gender

Client Race / Ethnicity

Add Another


This can be an IS or IBHIS #

You have two options: Enter the patient's information manually, or enter the IS or IBHIS number and click the **Search** button. A popup box will display the matching contacts. Click on the **Choose** button.

Matching contacts [x]			
Choose	First name	Last name	Subtype
Choose	Susan	Adams	

Clicking on the **Choose** button will auto-populate the Contact fields for the IS number entered. The populated values will be grayed out, shown in the highlighted box, indicating they cannot be edited. This search will only show clients others for whom an SI report has been previously submitted. It is important to select matching the client/persons with this feature so that the records can be linked by clinical risk management.

If you click here another people affected screen will dropdown for each person affected. Use this if another client was involved in the event such as in assault requiring emergency medical treatment (EMT). Note that a separate report must be submitted if another client was injured or died or if the other client caused an injury or death to the client related to this report.

Note that a date may be entered by clicking on the calendar icon  or by entering a date in the format mm/dd/yyyy.



4. Event Basics:

Under **Event Basics**, select an **Event Type** for the Incident. Refer to the DMH Crosswalk (Attachment 1) for assistance in determining the new 14 SI event types and the associated category and subcategory. You can also search for event types by starting to type in the dropdown box. This will work in any dropdown field. Note that all 3 fields for event type require a selection. Starting with **Event Type**, entries for subsequent fields will filter based on the previous selection. When the only value listed in the drop down list is **Not Applicable**, you must select it.

Not applicable	Select "Not applicable" when no other values display
Not applicable	in the drop down list

Event Basics

★ Event Type ?

CLICK HERE for a crosswalk of DMH events by type.

★ Event Category

★ Event Subcategory

★ Event discovery date

Event discovery time (hh:mm)

Use the military time format.

Event occurrence date (MM/dd/yyyy) ?

Event occurrence time (hh:mm)

Use the military time format.

How did you learn about the event?

Select all that apply from the dropdown list

This is the first multi-pick field. Click on one or more choices and they will appear in the square above. You can delete a choice by clicking on it to highlight it and then deleting it by clicking on the delete icon with the red **X**.

5. Entering medication-related events will also open new sections with relevant questions. Selecting **Medication** as the type of medication or substance involved will open the **Drug information** section. The **Drug information** section features a **Search** capability for the prescribed medication, similar to the patient name search. Entering at least four characters of the drug name and clicking **Search** will produce a list of drugs.

Medication Events

★ What type of medication or substance was involved?

★ If a medication was involved, what type of medication?

Was medication scanned prior to administration?

Identify number of doses, hours or days involved with this error

Order type

Did this error involve an incorrect entry on a medication list?

Click on the **Choose** button next to the desired drug, and the fields will auto populate for that drug. The auto-populated fields are not editable. Follow the same process for adding the drug administered. Click **Add Another** to add a second drug.

Alternatively, the **Search** feature can be bypassed and the fields can be manually populated by selecting an entry from the drop down list for each field.

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Drug information

Use this section to record the details of the medication(s) involved in the event. Use the "Add another" button to record additional medications.

Drug information

Use this section to record the details of the medication(s) involved in the event. Use the "Add another" button to record additional medications.

Search for prescribed medication

morphine

Search

Type the first 4 letters of the medication you wish to record, and click the Search button. You can search on brand or generic name. You will then be shown a list of matches within the system. Choose the appropriate medication to populate the form. If the medication you are looking for cannot be found, search for and select "Other", and record details in the Notes section.

Matching Medication

	ID	Generic name	Class	Sub-class	Brand
<input type="button" value="Choose"/>	1740	Apomorphine HCl	Antiparkinson Dopaminergics	Nonergoline Dopamine Receptor Agonists	Apokyn
<input type="button" value="Choose"/>	1741	Apomorphine HCl	Antiparkinson Dopaminergics	Nonergoline Dopamine Receptor Agonists	Apomorphine HCl
<input type="button" value="Choose"/>	23465	Morphine Sulfate	Opioid Agonists	Opioid Agonists	Astramorph
<input type="button" value="Choose"/>	23466	Morphine Sulfate	Opioid Agonists	Opioid Agonists	Duramorph
<input type="button" value="Choose"/>	23467	Morphine Sulfate	Opioid Agonists	Opioid Agonists	Kadian
<input type="button" value="Choose"/>	23468	Morphine Sulfate	Opioid Agonists	Opioid Agonists	Morphine Sulfate
<input type="button" value="Choose"/>	23469	Morphine Sulfate	Opioid Agonists	Opioid Agonists	Morphine Sulfate (PF)
<input type="button" value="Choose"/>	23470	Morphine Sulfate	Opioid Agonists	Opioid Agonists	Morphine Sulfate CR
<input type="button" value="Choose"/>	23471	Morphine Sulfate	Opioid Agonists	Opioid Agonists	MS Contin

* Generic name of prescribed drug

Brand name of prescribed drug

Class of prescribed drug

Manufacturer of prescribed drug

Prescribed route

Prescribed dose

Prescribed frequency

6. Event Detail Section: Enter narrative about the incident.

- Avoid entering your own personal opinions, stick to the facts
- There is no character limit, but make sure the information is relevant and be as succinct as possible
- DO NOT enter the names of individuals in this field. Instead, use terms like "client", "receptionist", "nurse", etc.

Event Detail

* Describe the event in your own words


When completing this field, please keep the following in mind:

- DO NOT enter the names of individuals in this field. Instead, use terms like "Client", "Receptionist", "Nurse", etc.
- Avoid entering your own personal opinions - stick to the facts.
- Make sure the information is relevant, being as brief as possible.

This spell check icon links to a British/English dictionary and will provide choices. Click on a choice if correct, otherwise skip the choices.

Describe any factors contributing to the event, lessons learned, and/or recommendations to prevent recurrence

You can give your opinions in this section.

The spell check feature is designated by the  icon. After typing your text, click on the spell check icon. Any misspelled words will be highlighted in red. Click on the highlighted word, and a list of suggested corrections will display. Click on the correct spelling.

NOTE: You must click the  icon to end use of spell check and to be able to continue entering text.

Event detail

* Describe the event in your own words

When completing this field, please keep the following in mind:

- DO NOT enter the names of individuals in this field. Instead, use terms like "Patient", "Receptionist", "Nurse", etc.
- Avoid entering your own personal opinions - stick to the facts.
- Make sure the information is relevant, being as succinct as possible.

The patient **slipped** on a wet floor.

slipped
slipped
slipped
slipped
slipped
slipped
slipped
slipped
slipped
slipped

choice of suggested corrections



indicates you are in active spell check model - click to continue editing

7. Determining the Harm Score

This section is required in order to maintain the federal protections from discovery that the SI system offers and will take some getting used to. Because most reported events do not occur at the clinic site or while providing services, the directions on the form instruct you how to complete the 3 related fields.

If the event did occur at the site or while providing services, you will click on the down arrow for extent of harm and the choices are explained. From there the related harm score and other 2 questions will follow.

Harm Score
 If this event did not occur at the clinic site or while providing services, enter the following information in this section:
 Extent of Harm: **Near Miss**
 Harm Score: **1. Unsafe Condition**
 When was harm assessed: **Within 24 hours**
 Interventions attempted: **Unknown**

★ Extent of harm

★ Harm score

How long after the incident was harm assessed?
 If the harm score is 1, select the response of 'within 24 hours'

Was any intervention attempted to prevent, reverse, or halt the progression of harm?

8. Additional Information

Additional Information
 Who was notified?

Select all that apply from the dropdown list

Check the box if anybody else was involved ☐

Are there any documents to be attached to this record? ☒

If this box is checked, the attachment section will dropdown for completion.

Attach any correspondence, news articles, or related documents.

Attachments
 Use this section to attach documents.

New Document

★ Link as

★ Description

9. Attachments

You may attach any type of document; however, be mindful of the size of the document. Larger documents will take time to upload and will fill up server space. Your local IT administrators may also limit the file types that can be attached.

In the **Link as** field, you can designate if the document should be OPEN (visible to all managers) or SECURE (visible only to you and DMH Clinical Risk managers). Be sure to type a brief description so the manager or consultant will know what is included in this document. At the **Insert this file** prompt, click on **Browse** to navigate to upload the document.

NOTE: By attaching a document, you are attaching a copy of the original document. If the source document is updated, this copy within the event report will not automatically update. You will need to add the updated attachment.

10. Reporter Info

Enter your contact information under **Reporter Info**. While the fields may not be mandatory, it is highly recommended that you enter your contact information so that your patient safety manager can contact you for additional details.

When you have finished, click the **Submit** button. If you entered your e-mail address, you will receive e-mail confirmation that the incident has been submitted. The incident will then be routed to the appropriate department managers for review. However, note the instructions below and at the beginning that the form should not be printed and that the e-mail acknowledgement should not be filed in the client record or any note entered that references the report or fact it was completed. This protects the information in the entire system from discovery should legal issue arise surrounding the event.

Entry of an event is now complete. You can add additional events by clicking the **Add another record** button.

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New Form | Login | UHC Safety Intelligence
Power to the Doctor

Event reference SI-916

The event has been saved. The reference number is SI-916

[Add another record](#)

11. The clear feature: In any section of the form, this feature allows you to clear all information in the section and start over.

People affected by the event

★ Type: Patient

★ Medical record or patient account number: Search

Subtype:

★ Last name:

★ First name:

Middle initials:

Date of birth (mm/dd/yyyy):

Select the same value as above for this section

Selecting Patient opens provides the capability to search by Medical Record Number

[Clear Section](#)

If you need to start over, click **Clear Section. This action will delete all data in the section.**

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SI Reporting Categories	Prior #	SI Event Type	SI Event Category	SI Select Option	SI Event Subcategory
1. Death - Unknown Cause;	1	Other/ miscellaneous	Other (Other/misc)	Death - unknown cause	Not applicable
2. Death - Suspected or Known Cause Other Than Suicide;	2	Other/ miscellaneous	Other (Other/misc)	Death - suspected or known cause other than suicide	Not applicable
3. Death - Suspected or Known Suicide;	3	Behavioral event	Suicide or suicide attempt	Completed Suicide	Not applicable
4. Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment;	4	Behavioral event	Suicide or suicide attempt	Suicide Attempt	Not applicable
5. Client Self-injury Requiring Emergency Medical Treatment (not suicide attempt);	5	Behavioral event	Client self-injury requiring EMT (not suicide attempt / gesture)	Field not present	Not applicable
6. Client Injured Another Person Who Required Emergency Medical Treatment;	6	Behavioral event	Assault	Field not present	Assault by client - victim required EMT
7. Suspected or Alleged Homicide by Client;	7	Behavioral event	Assault	Field not present	Assault by client - resulting in death of victim (alleged or suspected homicide)
8. Medication Error Requiring Emergency Medical Treatment;	8	Medication Related	Choose response from dropdown	Chose response from dropdown	Field not present
9. Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff;	9	Behavioral event	Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff	Field not present	Field not present
10. Threat of Legal Action;	10	Other/ miscellaneous	Other (Other/misc)	Threat of Legal Action	Not applicable
11. Client assaulted by another client requiring emergency medical treatment;	5	Behavioral event	Client assaulted by another client requiring EMT	Field not present	Not applicable
12. Adverse Drug Reaction Requiring Emergency Medical Treatment	8	Adverse Reaction	Adverse drug reaction requiring EMT (not med error /not preventable)	Field not present	Not applicable
13. Alleged Assault by Staff Member To Client	Ne w	Behavioral event	Assault	Field not present	Assault by staff member to a client
14. Inaccurate or Absent Laboratory Data Resulting in a Client Requiring Emergency Medical Treatment.	Ne w	Laboratory Test	Inaccurate/absent laboratory data resulting in client requiring EMT	Field not present	Not applicable

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Attachment 2 DMH EVENT REPORTING	
Please refer to the DMH Intranet Home Page , next to the last link (Accident_ Incident_ Complaint_ Contact_ List) for the latest contact information and reporting instructions.	
INCIDENT/EVENT CATEGORY	CONTACT
1.0 AUTOMOBILE ACCIDENTS 1.1COUNTY VEHICLE ACCIDENTS 1.2 MILEAGE PERMITTEE VEHICLE ACCIDENTS while driving on County business	Administrative Support Bureau (ASB)
2.0 BUILDING EMERGENCY COORDINATOR (BEC) for 550 S. VERMONT	ASB
3.0 COMPLIANCE ISSUES: Potential compliance violations/billing improprieties.	Compliance Privacy and Audit Services Bureau (CPAS)
4.0 ALLEGED EMPLOYEE MISCONDUCT /DISCRIMINATION COMPLAINTS	Human Resources Bureau (HRB) Performance Management Unit
5.0 EMPLOYEE WORK-RELATED INJURIES OR ILLNESS	HRB Leave Management Unit
6.0 HEALTH & SAFETY INCIDENTS/ISSUES 6.1 Examples: Workplace violence, THREATS of or violence by clients/staff, possible exposure to communicable diseases, if 911 was called or any other	HRB Health & Safety (H&S) Office
7.0 SECURITY ISSUES, SHERIFF SECURITY OFFICER OR CONTRACT SECURITY GUARD MATTERS	ASB Security Services Coordinator
8.0 CLIENT OR VISITOR FALLS/SLIPS OR ACCIDENTS/INJURIES/PROPERTY DAMAGE TO COUNTY FACILITIES	ASB
9.0 FOR URGENT SAFETY HAZARDS, i.e. A RIP IN THE CARPET, FLOOD OR WATER DAMAGE	ASB-Contact by phone
10.0 CLINICAL EVENTS RE CLIENTS REPORTED THROUGH SAFETY INTELLIGENCE: 1. Death - Unknown Cause; 2. Death – Suspected/ Known Cause Other Than Suicide; 3. Death – Suspected/ Known Suicide; 4.Suspected/ Known Suicide Attempt Requiring Emergency Medical Treatment (EMT); 5.Client Self-injury Requiring EMT (not suicide attempt); 6. Client Injured Another Requiring EMT; 7. Suspected or Alleged Homicide by Client; 8. Medication Error Requiring EMT; 9. Suspected/ Alleged Inappropriate Interpersonal Relationship With Client by Staff; 10; Threat of Legal Action; 11.Client assaulted by another client requiring EMT; 12. Adverse Drug Reaction Requiring EMT 13.Alleged Assault by Staff Member 14.Inaccurate/ Absent Laboratory Data Resulting in a Client Requiring EMT. 10.2 SUMMONS RECEIVED BY STAFF RELATED TO CLIENT CARE	Clinical Risk Management Office.
11.1 CLIENT COMPLAINTS/GRIEVANCES 11.2 HIPAA PRIVACY COMPLAINTS-CLIENTS CONCERNS about the use and disclosure of protected health info (PHI)	Patients' Rights Office (PRO)
12.0 HIPAA PRIVACY COMPLAINTS-STAFF Questions on policies applicable to PHI including Use/Disclosure, Safeguarding, and Breaches	HIPAA Privacy Office
13.0 HIPAA SECURITY questions/ possible violations, e.g. encryption of PHI	Chief Information Bureau
14.0 CLINICAL RECORDS/PHI: SUBPOENAS/DEPOSITIONS OF STAFF TO TESTIFY RE TX; SUBPOENAS OF CLINICAL RECORDS, OR TO CONSULT RE RELEASE OF CLINICAL RECORDS/PHI	Health Information Management
15.0 UNUSUAL OCCURRENCES REGARDING PATIENTS IN INPATIENT FACILITIES	LPS Designation Coordinator or PRO